

Collin County Fire Marshal's Office
COMMERCIAL BUSINESS
Fire Alarm/Fire Suppression System
Inspection Application

Business Name	Physical Address	City	Zip	Business Phone
Business Owner's Name	Business Owner's Address	City/State	Zip	Phone
Alarm Contractor	Alarm Contractor Address	City/State	Zip	Phone

Fire Alarm: Y N

Monitored: Y N

By: _____

Phone: _____

Address: _____

Fire Suppression Type:

Wet

Dry

Pre-Action

Deluge

Other: _____

Structure Information:

Sq. Feet: _____

of Bedrooms: _____

of Kitchens: _____

Details about system:

Use or Occupancy Type: (circle the appropriate type)

Group A=Assembly	Group B=Business	Group E=Educational	Group F=Factory & Industrial	Group H=Hazardous
Group I=Institutional	Group M=Mercantile	Group R=Residential	Group S=Storage	Group U=Utility

 Business Owner Signature

 Date

 Printed Name